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14 corporation sole

15 UNITED STATES BANKRUPTCY COURT

16 EASTERN DISTRICT OF CALIFORNIA

17 SACRAMENTO DIVISION

18 In re:

19 THE ROMAN CATHOLIC
20 BISHOP OF STOCKTON, a
21 California corporation sole,

22 Debtor-In-Possession.

23 CASE NO. 14-20371-C-11

24 DCN: FWP-10

25 Date: April 30, 2014
26 Time: 10:00 a.m.
27 Courtroom: 35
28 501 I Street, 6th Floor
Sacramento, CA

29 EXHIBITS TO DEBTOR'S MOTION FOR ORDER: (1) FIXING TIME
30 FOR FILING PROOFS OF CLAIM; (2) APPROVING CLAIM FORMS;
31 AND (3) APPROVING MANNER AND FORM OF NOTICE

EXHIBIT	DESCRIPTION
A	Proposed General Proof of Claim Form
B	Proposed Abuse Proof of Claim Form
C	Proposed Notice of Bar Date for General Proofs of Claim
D	Proposed Notice of Bar Date for Abuse Proofs of Claim
E	Proposed Publication Notice

32 Dated: March 26, 2014

33 FELDERSTEIN FITZGERALD
34 WILLOUGHBY & PASCUZZI LLP

35 By /s/ Paul J. Pascuzzi
36 PAUL J. PASCUZZI
37 Attorneys for Debtor and Debtor-In-Possession

38 EXHIBITS TO MOTION FOR ORDER: (1) FIXING
39 BAR DATE; (2) APPROVING CLAIM FORMS; AND
40 (3) APPROVING MANNER AND FORM OF NOTICE

EXHIBIT A

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT		Eastern District of California	PROOF OF CLAIM
Name of Debtor: THE ROMAN CATHOLIC BISHOP OF STOCKTON, a California corporation sole		Case Number: 14-20371-C-11	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property):			
COURT USE ONLY			
Name and address where notices should be sent:		<input type="checkbox"/> Check this box if this claim amends a previously filed claim.	
Telephone number:	email:	Court Claim Number: _____ (If known)	
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
Telephone number:	email:	Filed on: _____	
1. Amount of Claim as of Date Case Filed: \$ _____			
If all or part of the claim is secured, complete item 4.			
If all or part of the claim is entitled to priority, complete item 5.			
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: _____ (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.			
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		Basis for perfection: _____	
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.			
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).		<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	
<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).		<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	
		<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).	
		<input type="checkbox"/> Other – Specify _____ applicable paragraph of 11 U.S.C. § 507 (a)(__).	
<i>*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			

B10 (Official Form 10) (04/13)

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7. Documents: Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "**redacted**".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)
 (See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: _____

Title: _____

Company: _____

Address and telephone number (if different from notice address above):

(Signature)

(Date)

Telephone number: _____ email: _____

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:
 State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

DEFINITIONS	INFORMATION
Debtor A debtor is the person, corporation, or other entity that has filed a bankruptcy case.	A claim also may be secured if the creditor owes the debtor money (has a right to setoff).
Creditor A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).	Unsecured Claim An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.
Claim A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.	Claim Entitled to Priority Under 11 U.S.C. § 507 (a) Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.
Proof of Claim A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.	Redacted A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.
Secured Claim Under 11 U.S.C. § 506 (a) A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.	Evidence of Perfection Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.
	Acknowledgment of Filing of Claim To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.
	Offers to Purchase a Claim Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 <i>et seq.</i>), and any applicable orders of the bankruptcy court.

EXHIBIT B

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF CALIFORNIA
SACRAMENTO DIVISION

In re:

**THE ROMAN CATHOLIC BISHOP
OF STOCKTON, a California
corporation sole,**

Debtor-In-
Possession.

CASE NO. 14-20371-C-11

Chapter 11

**SEXUAL ABUSE PROOF OF
CLAIM**

IMPORTANT:
THIS FORM MUST BE RECEIVED NO LATER THAN
, 20 AT 4:00 P.M. (PREVAILING PACIFIC TIME)

1. Carefully read the instructions included with this ABUSE PROOF OF CLAIM FORM and complete ALL applicable questions. Please print clearly and use blue or black ink. Send the *original together with two copies* to: **Roman Catholic Bishop of Stockton Claims Processing KCC, 2335 Alaska Avenue, El Segundo, CA 90245**.
2. **YOU MAY WISH TO CONSULT AN ATTORNEY REGARDING THIS MATTER BEFORE COMPLETING THIS FORM.** You may also contact the attorneys for the Official Committee of Unsecured Creditors (Robert Orgel at Pachulski Stang Ziehl & Jones LLP) at (310) 277-6910 or rorgel@pszjlaw.com for information, or the Debtor's attorneys (Felderstein Fitzgerald Willoughby & Pascuzzi LLP) at (916) 329-7400 or ppascuzzi@ffwplaw.com.
3. To be valid, the proof of claim must be signed by the Abuse Claimant or the Abuse Claimant's attorney. If the Abuse Claimant is deceased or incapacitated, the form may be signed by the Abuse Claimant's representative or the attorney for the estate. If the Abuse Claimant is a minor, the form may be signed by the Abuse Claimant's parent or legal guardian or the Abuse Claimant's attorney.

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571

**UNLESS YOU INDICATE OTHERWISE IN PART 1 BELOW, YOUR IDENTITY
WILL BE KEPT STRICTLY CONFIDENTIAL, UNDER SEAL AND OUTSIDE THE
PUBLIC RECORD BY THE UNITED STATES BANKRUPTCY COURT.
THIS CLAIM WILL BE PROVIDED PURSUANT TO COURT-APPROVED
GUIDELINES TO THE DEBTOR, COUNSEL TO THE DEBTOR, AND TO
SUCH OTHER PERSONS AS THE COURT DETERMINES NEED
THE INFORMATION IN ORDER TO EVALUATE THE CLAIM.**

PART 1. CONFIDENTIALITY

**THIS ABUSE PROOF OF CLAIM FORM (ALONG WITH ANY ACCOMPANYING EXHIBITS AND ATTACHMENTS,
IF ANY) WILL BE MAINTAINED AS CONFIDENTIAL UNLESS YOU EXPRESSLY REQUEST THAT IT BE PUBLICLY
AVAILABLE BY CHECKING THE BOX AND SIGNING BELOW.**



I do not want this Proof of Claim Form (along with any accompanying exhibits and attachments, if any) to be kept confidential. Please verify this election by signing directly below.

Signature: _____

Print Name: _____

PART 2. IDENTIFYING INFORMATION**A. Claimant**

First Name Middle Initial Last Name Jr/Sr/III

Mailing Address: (If Claimant is incapacitated, is a minor or is deceased, please provide the address of the individual submitting the claim).

City State/Prov. Zip Code (Postal Code) Country (if other than USA)

Telephone No.
Home: _____ Work: _____ Cell: _____

Email address: _____

May we leave voicemails regarding your claim? yes no

May we send confidential information to your email? yes no

Birth Date: _____
Month Day Year

Any other names by which the Claimant has been known: _____

Social Security Number: _____

B. Claimant's Attorney (if any)

Law Firm Name

Attorney's First Name Middle Initial Last Name Jr/Sr/III

Street Address

City State/Prov. Zip Code (Postal Code) Country (if other than USA)

Telephone: _____ Fax: _____ Email address: _____

Please continue to next page.

PART 3: NATURE OF THE ABUSE
(Attach additional sheets if necessary)

a. Who committed the acts of sexual abuse or other tortious conduct? _____

b. What was the abuser's position, title, or relationship to you (if you know)? (For example, was he or she your parish priest, teacher, coach, etc.) _____

c. Where did the abuse take place? Please be specific. Include everything you can remember, including the city, state, church, school, and/or parish where the abuse occurred. _____

d. When were you abused?

1. If the abuse took place over a period of time (months or years), please state when it started, when it stopped, and how many times it occurred.

2. Please also state your age(s) and your grade(s) in school at the time the abuse took place.

e. Please describe what happened to you. How were you abused?

f. Did you tell anyone about the abuse? (You might have told your parents, relatives, a friend, the Diocese, your parish priest, a teacher, your doctor, a coach, an attorney, a counselor, a police officer or other law enforcement authorities, or someone else). If you did tell someone, please write down who you told and when you told them.

g. Did you ever write a letter to or contact the Diocese, your parish, your school, or anyone else about the abuse? If so, and you have copies of any correspondence, please attach copies of the correspondence.

h. Are you aware of anyone else abused by the abuser? Yes No
If "Yes", please provide the name(s) of those individuals

Please continue to next page.

PART 4: IMPACT OF ABUSE
(Attach additional sheets if necessary)

If you are uncertain how to respond to this Part 4, you may leave this Part 4 blank, but you will be required to complete this Part 4 within thirty (30) days after a written request is made for the information in this Part 4

1. How did the abuse affect you? Specifically, have you sustained any injuries because of the abuse? (For example, did the abuse negatively affect your education, employment, personal relationships, or health? Did it cause you emotional, physical, or psychological injuries?) If so, please describe those injuries.

2. Have you sought counseling or other treatment for your injuries? If so, with whom and when?

PART 5. ADDITIONAL INFORMATION

1. Settlements: Have you ever agreed to settle the abuse claim that is described in this proof of claim (whether or not you filed a lawsuit)?

Yes No

If "Yes", please describe the settlement (the amount that was or will be paid to you, when and how it was or will be paid, the date of the settlement, and the parties to the agreement). You may attach a copy of the settlement agreement if you have one.

2. Bankruptcy: Have you ever filed bankruptcy? Yes No

If "Yes", please provide the following information:

Name of Case: _____

Court: _____

Date Filed: _____

Case No.: _____

Chapter: 7 11 12 13

Name of Trustee: _____

Date: _____

Sign and print the name and title, if any, of the Abuse Claimant or other person authorized to file this claim.

Under penalty of perjury, I declare the foregoing statements to be true and correct.

Signature: _____

Print Name: _____

EXHIBIT C

1 STEVEN H. FELDERSTEIN, State Bar No. 056978
2 PAUL J. PASCUZZI, State Bar No. 148810
3 JENNIFER E. NIEMANN, State Bar No. 142151
4 FELDERSTEIN FITZGERALD
5 WILLOUGHBY & PASCUZZI LLP
6 400 Capitol Mall, Suite 1750
7 Sacramento, CA 95814
8 Telephone: (916) 329-7400
9 Facsimile: (916) 329-7435
10 sfelderstein@ffwplaw.com
11 ppascuzzi@ffwplaw.com
12 jniemann@ffwplaw.com

13 Attorneys for The Roman Catholic Bishop of Stockton, a
14 corporation sole

15 UNITED STATES BANKRUPTCY COURT

16 EASTERN DISTRICT OF CALIFORNIA

17 SACRAMENTO DIVISION

18 In re:

19 CASE NO. 14-20371-C-11

20 THE ROMAN CATHOLIC
21 BISHOP OF STOCKTON, a
22 California corporation sole,

23 Debtor-In-
24 Possession.

25 **NOTICE OF BAR DATES FOR FILING OF GENERAL PROOFS OF CLAIM**

26 TO ALL PERSONS AND ENTITIES WITH CLAIMS AGAINST THE ROMAN
27 CATHOLIC BISHOP OF STOCKTON *aka* THE DIOCESE OF STOCKTON:

28 PLEASE TAKE NOTICE that on January 15, 2014 (the "Petition Date"), the debtor and
29 debtor-in-possession in the above-captioned bankruptcy case (the "Debtor") filed a voluntary
30 petition for relief under chapter 11 of title 11 of the United States Code (the "Bankruptcy Code").
31 The Debtor, its address, case number, proof of claim forms, and other relevant information related
32 to this chapter 11 case may be obtained at: www.kccllc.net/stocktongdiocese.

33 PLEASE TAKE FURTHER NOTICE that on _____, 2014, the United States
34 Bankruptcy Court for the Eastern District of California (the "Court") entered an order (the "Bar
35 Date Order") establishing certain claim bar dates in the Debtor's chapter 11 case. By the Bar
36 Date Order, the Court established _____, 2014 as the date by which all claims other than

1 sexual abuse claims must be filed (the “General Bar Date”). Except as described below, the Bar
2 Date Order requires all Entities, other than Governmental Units, that have or assert any
3 prepetition Claims against the Debtor to file proofs of claim with the Court so that their proofs of
4 claim are received by the Court on the applicable bar date set forth herein. Please note that the
5 terms “Entity”, “Governmental Unit”, and “Claim” are defined below.

6 PLEASE TAKE FURTHER NOTICE that for your convenience, enclosed with this notice
7 (the “General Bar Date Notice”) is a proof of claim form (the “Other Proof of Claim Form”). If
8 this notice does not include a proof of claim form, a proof of claim form may be obtained from
9 counsel for the Debtor (Felderstein Fitzgerald Willoughby & Pascuzzi LLP) at (916) 329-7400
10 or www.ffwplaw.com or the Claims Agent at www.kccllc.net/stocktondiocese.

11 KEY DEFINITIONS

- 12 • As used in this Notice, the term “Entity” has the meaning given to it in section 101(15) of
13 the Bankruptcy Code, and includes all persons (individuals, partnerships, and
14 corporations), estates, trusts, Governmental Units, and the United States Trustee.
- 15 • As used in this Notice, the term “Governmental Unit” has the meaning given to it in
16 section 101(27) of the Bankruptcy Code and includes the United States; states;
17 commonwealths; districts; territories; municipalities; foreign states; or departments,
18 agencies or instrumentalities of the foregoing.
- 19 • As used in this Notice, the term “Claim” shall mean, as to or against the Debtor and in
20 accordance with section 101(5) of the Bankruptcy Code: (i) any right to payment,
21 whether or not such right is reduced to judgment, liquidated, unliquidated, fixed,
22 contingent, matured, unmatured, disputed, undisputed, legal, equitable, secured or
23 unsecured; or (ii) any right to an equitable remedy for breach of performance if such
24 breach gives rise to a right to payment, whether or not such right to an equitable remedy is
25 reduced to judgment, fixed, contingent, matured, unmatured, disputed, undisputed, legal,
26 equitable, secured or unsecured

27 **A CLAIMANT SHOULD CONSULT AN ATTORNEY IF THE CLAIMANT HAS ANY
28 QUESTIONS, INCLUDING WHETHER SUCH CLAIMANT MUST FILE A PROOF OF
CLAIM. A CLAIMANT MAY ALSO OBTAIN INFORMATION FROM THE OFFICIAL**

1 **COMMITTEE OF UNSECURED CREDITORS BY CALLING ROBERT ORGEL AT**
2 **PACHULSKI STANG ZIEHL & JONES LLP AT (310) 277-6910.**

3 **I. WHO MUST FILE A PROOF OF CLAIM AND THE APPLICABLE BAR DATES**

4 A. **The Bar Dates:** The Bar Date Order establishes the following applicable bar dates
for filing proofs of claim in this case:

5 1. **The General Bar Date.** Except as set forth below, pursuant to the Bar Date
6 Order, all Entities holding Claims, including Claims filed under section 503(b)(9) of the
7 Bankruptcy Code, against the Debtor (whether secured, unsecured priority, or unsecured
8 nonpriority) that arose prior to or on January 15, 2014, are required to file proofs of claim by the
9 General Bar Date – **May 22, 2014.**

10 2. **The Government Bar Date.** In accordance with section 503(b)(9) of the
11 Bankruptcy Code, all Governmental Units holding Claims against the Debtor (whether secured,
12 unsecured priority, or unsecured nonpriority) that arose prior to or on January 15, 2014, are
13 required to file proofs of claim **on or before July 14, 2014** (the “Government Bar Date”).

14 B. **Entities that MUST File Proofs of Claim by the General Bar Date or the**
15 **Governmental Bar Date:** Except as set forth in paragraph C below, the following Entities must
16 file proofs of claim on or before the General Bar Date or, with respect to Claims of Governmental
17 Units, on or before the Governmental Bar Date:

18 1. any entity or person whose Claim against the Debtor is not listed in the
19 Debtor’s Schedules or whose Claim is listed in the Schedules but is listed as disputed, contingent
20 or unliquidated and that desires to participate in this chapter 11 case or share in any distribution in
21 this chapter 11 case; and

22 2. any entity or person that believes that its Claim is improperly classified in
23 the Schedules or is listed in an incorrect amount and that desires to have its Claim allowed in a
24 classification or amount other than that identified in the Schedules.

25 **PLEASE NOTE THAT INDIVIDUALS ASSERTING CLAIMS ARISING FROM**
26 **SEXUAL ABUSE FOR WHICH SUCH INDIVIDUALS BELIEVE THE DEBTOR MAY**
27 **BE LIABLE ARE INSTRUCTED TO FILE AN ABUSE PROOF OF CLAIM FORM,**
28 **CONSISTENT WITH THE BAR DATE ORDER AND THE SEXUAL ABUSE CLAIM**
BAR DATE NOTICE. SEXUAL ABUSE CLAIMANTS MAY OBTAIN COPIES OF
THESE FORMS BY (1) CONTACTING COUNSEL FOR THE DEBTOR BETWEEN

1 **THE HOURS OF 9:00A.M. AND 5:00 P.M. (PREVAILING PACIFIC TIME), MONDAY**
2 **THROUGH FRIDAY, AT 1-916-329-7400; (2) VISITING THE DEBTOR'S WEBSITE AT**
3 **WWW STOCKTONDIOCESE ORG; (3) VISITING THE DEBTOR'S COUNSEL'S**
4 **WEBSITE AT WWW FFWPLAW COM; (4) CONTACTING THE CLAIMS AGENT**
5 **BETWEEN THE HOURS OF 8:00A.M. AND 5:00 P.M. (PREVAILING PACIFIC TIME),**
6 **MONDAY THROUGH FRIDAY, AT THE ADDRESS SET FORTH HEREIN; OR (5)**
7 **VISITING THE WEBSITE OF THE CLAIMS AGENT AT**
8 **www kcellc net stocktondiocese**.

9
10 C. Entities NOT Required to File Proofs of Claim by the General Bar Date: The
11 Bar Date Order further provides that the following Entities need not file proofs of claim by the
12 General Bar Date or the Government Bar Date, as applicable:

13 1. any person or entity that has already properly filed a proof of claim against
14 the Debtor with the Clerk of the Court for the United States Bankruptcy Court for the Eastern
15 District of California;

16 2. any person or entity: (i) whose claim is listed in the Schedules or any
17 amendments thereto, and (ii) whose claim is not described therein as "disputed," "contingent," or
18 "unliquidated," and (iii) which does not dispute the amount or classification of its claim as set
19 forth in the Schedules;

20 3. professionals retained pursuant to orders of this Court who assert
21 administrative claims for payment of fees and expenses subject to the Court's approval pursuant
22 to sections 330, 331(a) and 503(b) of the Bankruptcy Code;

23 4. any person or entity that asserts an administrative expense claim against the
24 Debtor pursuant to sections 503(b)(1) through (8) of the Bankruptcy Code; and

25 5. any person or entity whose claim has been paid in full.

26 **II. CONSEQUENCES OF FAILURE TO FILE PROOF OF CLAIM**

27 Any Entity that is required to file a proof of claim, but fails to do so by the applicable Bar
28 Date described in this General Creditor Bar Date Notice may be forever barred from (a) asserting
 such claim against the Debtor or its estate; (b) voting on any plan of reorganization or of
 liquidation filed in the Reorganization Case, and (c) participating in any distribution in the
 Reorganization Case on account of such claim, and that the Debtor need not provide further
 notices regarding such claim.

If it is unclear from the Schedules whether your Claim is disputed, contingent or unliquidated as to amount or is otherwise improperly listed and classified, you must file a proof of claim on or before the applicable Bar Date. Any Entity that relies on the information in the Schedules bears responsibility for determining that its Claim is accurately listed therein.

III. RESERVATION OF RIGHTS

The Debtor reserves the right to: (i) dispute, or to assert offsets or defenses against, any filed Claim or any Claim listed or reflected in the Schedules as to nature, amount, liability, classification or otherwise; and (ii) subsequently designate any Claim as disputed, contingent, or unliquidated. Nothing contained in this Notice shall preclude the Debtor from objecting to any Claim, whether scheduled or filed, on any grounds.

IV. PROCEDURE FOR FILING PROOFS OF CLAIM

One original proof of claim and two copies must be sent by mail, by overnight delivery, courier or hand delivery to: Roman Catholic Bishop of Stockton Claims Processing KCC, 2335 Alaska Avenue, El Segundo, CA 90245, so as to be received on or before the applicable Bar Date.

Any proof of claim submitted by facsimile or e-mail will not be accepted and will not be deemed filed until the proof of claim is submitted by the method described in the foregoing sentence.

Proofs of claim will be deemed filed only when actually received by the Claims Agent. If you wish to receive acknowledgement of the Claim Agent's receipt of your proof of claim, you also must submit by the applicable Bar Date and concurrently with submitting your original proof of claim: (i) one additional copy of the original proof of claim; and (ii) a self-addressed, stamped return envelope.

Proofs of claim must include all documentation required by Bankruptcy Rule 3001(c) and 3001(d), including an original or a copy of any written document that forms the basis of the Claim or, for secured Claims, evidence that the alleged security interest has been perfected. However, upon the advance express written consent of the Debtor, a claimant's proof of claim may be filed without the documents required by Bankruptcy Rules 3001(c) and 3001(d); provided, however, that any claimant that receives such a written consent will be required to transmit the documents in support of its Claim to the Claims Agent, the Debtor or other parties in

1 interest within ten (10) days after the date of a written request for such documents.

2 **V. ADDITIONAL INFORMATION**

3 You may be listed as the holder of a Claim against the Debtor in the Schedules. If you
4 hold or assert a Claim that is not listed in the Schedules or if you disagree with the amount or
5 priority of your Claim as listed in the Schedules, or your Claim is listed in the Schedules as
6 contingent, unliquidated, or disputed, you **must** file a proof of claim. Copies of the Schedules
7 and the Bar Date Order are available for inspection during regular business hours at the office of
8 the Clerk of the Court, United States Bankruptcy Court for the Eastern District of California,
9 Robert T. Matsui United States Courthouse, 501 I Street, Sacramento, California. In addition,
10 copies of the Debtor's Schedules and Bar Date Order may be obtained for a charge on the Internet
11 at: the Court's website (<http://www.caeb.uscourts.gov>) by following the directions for accessing
12 the ECF (PACER) system on such web site (an account must be established); or for free at the
13 Claim Agent's Debtor-designated web page link located at: **www.kccllc.net/stocktondiocese**.

14 Questions concerning the contents of this Notice and requests for proofs of claim should
15 be directed to Debtor's Claims Agent at (310) 751-1492 between the hours of 8:00 a.m. and 5:00
16 p.m. (prevailing Pacific Time), Monday through Friday. **Please note that the Claims Agent's**
17 **staff is not permitted to give you legal advice. You should consult your own attorney for**
18 **assistance regarding any other inquiries, such as questions concerning the completion or**
19 **filing of a proof of claim.**

20 Dated: _____

21 FELDERSTEIN FITZGERALD
22 WILLOUGHBY & PASCUZZI LLP

23 By: _____
24 PAUL J. PASCUZZI
25 Attorneys for Debtor and Debtor-In-Possession
26
27
28

EXHIBIT D

1 STEVEN H. FELDERSTEIN, State Bar No. 056978
2 PAUL J. PASCUZZI, State Bar No. 148810
3 JENNIFER E. NIEMANN, State Bar No. 142151
4 FELDERSTEIN FITZGERALD
5 WILLOUGHBY & PASCUZZI LLP
6 400 Capitol Mall, Suite 1750
7 Sacramento, CA 95814
8 Telephone: (916) 329-7400
9 Facsimile: (916) 329-7435
10 sfelderstein@ffwplaw.com
11 ppascuzzi@ffwplaw.com
12 jniemann@ffwplaw.com

13 Attorneys for The Roman Catholic Bishop of Stockton, a
14 corporation sole

15 UNITED STATES BANKRUPTCY COURT

16 EASTERN DISTRICT OF CALIFORNIA

17 SACRAMENTO DIVISION

18 In re:

19 CASE NO. 14-20371-C-11

20 THE ROMAN CATHOLIC
21 BISHOP OF STOCKTON, a
22 California corporation sole,

23 Debtor-In-
24 Possession.

25 **NOTICE OF BAR DATE FOR FILING OF SEXUAL ABUSE PROOFS OF CLAIM**

26 **THIS IS AN IMPORTANT NOTICE
27 YOUR RIGHTS MAY BE AFFECTED**

28 **NOTE: _____, 2014, AT 4:00 P.M. PREVAILING PACIFIC
TIME IS THE LAST DATE TO FILE ABUSE PROOFS OF CLAIM**

29 TO ALL PERSONS WITH KNOWN OR POTENTIAL CLAIMS ARISING FROM
30 SEXUAL ABUSE FOR WHICH SUCH PERSONS BELIEVE THE ROMAN CATHOLIC
31 BISHOP OF STOCKTON *aka* THE DIOCESE OF STOCKTON IS LIABLE:

32 PLEASE TAKE NOTICE that on January 15, 2014 (the "Petition Date"), the Roman
33 Catholic Bishop of Stockton (the "Debtor") filed a voluntary petition for relief under chapter 11
34 of title 11 of the United States Bankruptcy Code. You should carefully read this notice if you
35 believe that you have a claim arising from sexual abuse (an "Abuse Claim") for which you
36 believe the Debtor may be liable.

1 **YOU MAY WISH TO CONSULT AN ATTORNEY REGARDING THIS MATTER AND
2 MAY ALSO OBTAIN INFORMATION FROM THE OFFICIAL COMMITTEE OF
3 UNSECURED CREDITORS BY CALLING (310) 277-6910.**

4 Par mas informacion, por favor visite:

5 • www.stocktondiocese.org
6 • www.kccllc.net/stocktondiocese

7 Xav paub ntau ntxiv, thov mus saib:

8 • www.stocktondiocese.org
9 • www.kccllc.net/stocktondiocese

10 For purposes of filing an Abuse Claim, “Abuse” means: any and all acts or omissions for
11 which the Debtor may be legally responsible that in any way arise out of, are based upon, or
12 involve sexual conduct or misconduct, sexual abuse or molestation, indecent assault and/or
13 battery, rape, lascivious behavior, undue familiarity, pedophilia, ephebophilia, or sexually related
14 psychological or emotional harm or contacts or interactions of a sexual nature between a child
15 and an adult, or a non-consenting adult and another adult. A child or non-consenting adult may
16 be Abused whether or not this activity involves explicit force, whether or not this activity
17 involves genital or other physical contact and whether or not there is physical, psychological or
18 emotional harm to the child or non-consenting adult.

19 A list of Abusers is attached to this notice. This list is not exhaustive. Possible abusers
20 might include clergy members, employees, deacons, teachers, volunteers, or other personnel. The
21 fact that this list does not include the name of the person who Abused you does not mean that you
22 should not file an Abuse Proof of Claim Form.

23 The following additional information is available on the Official Committee of Unsecured
24 Creditors’ website at www.pszlaw.com/stocktondiocese.html: (i) an Abuse Proof of Claim Form;
25 (ii) a list of names, dates, locations, and years of service of the Abusers; (iii) if available, pictures,
26 of Abusers; (iv) copies of the Bar Date Order, and the Abuse Claim Bar Date Notice; (v) a list of
27 Schools and Parishes in the area served by the Debtor from 1962 to 2014; and (vi) a list of
28 Catholic-affiliated organizations located within the Debtor’s geographic boundaries (the
“Catholic Entities”).

1 You may also obtain information or copies of the items listed above from: (A) counsel
2 to the Official Committee of Unsecured Creditors (Robert Orgel at Pachulski Stang Ziehl &
3 Jones LLP) at (310)-277-6910; or (B) counsel to the Debtor (Paul Pascuzzi at Felderstein
4 Fitzgerald Willoughby & Pascuzzi LLP) at (916) 329-7400 or www.ffwplaw.com. You may
5 wish to consult an attorney regarding this matter.

6 **SUBMISSION DEADLINE**

7 The United States Bankruptcy Court for the Eastern District of California (the "Court")
8 has entered an order (the "Bar Date Order") establishing _____, 2014 at 4:00 p.m. (prevailing
9 Pacific Time) (the "Abuse Claim Bar Date") as the last date and time for each Abuse Claimant to
10 submit a proof of claim form. A copy of the proof of claim form that has been specifically
11 tailored for claims of Abuse Claimants (the "Abuse Proof of Claim Form") is included with this
12 Notice. The Abuse Claim Bar Date and the procedures set forth below apply to all Abuse Claims
13 against the Debtor based upon Abuse that occurred before January 15, 2014.

14 **WHO MUST SUBMIT A PROOF OF CLAIM FORM**

15 If you believe that you have an Abuse Claim (which you may have even if you have never
16 previously reported your Abuse or filed a lawsuit against the Debtor), **you must file an Abuse**
17 **Proof of Claim Form** to maintain and/or preserve any claims that you have against the Debtor.
18 **Even if you have already filed a lawsuit against the Debtor alleging abuse prior to January**
19 **15, 2014, you must still submit an Abuse Proof of Claim Form to maintain and/or preserve**
20 **your rights in the Debtor's chapter 11 case.**

21 **WHO SHOULD NOT FILE**

22 You should **not** file an Abuse Claim if:

- 23 • Your Abuse Claim has already been paid in full unless you believe the mediation
24 or settlement process resulted in a settlement that you believe is misleading or
25 unfair;
- 26 • You hold an Abuse Claim that has been allowed by an order of the Court on or
27 before the Abuse Claim Bar Date;
- 28 • You hold an Abuse Claim under a mediation settlement and your only claim is for

the unpaid amount stated in the settlement agreement; or

- You do not have a claim against the Debtor.

WHAT TO FILE

**YOU MUST FILE AN ABUSE PROOF OF CLAIM FORM. YOU MAY OBTAIN A
COPY OF THE ABUSE PROOF OF CLAIM FORM BY FOLLOWING THE
INSTRUCTIONS BELOW.**

PROCEDURES FOR FILING AN ABUSE PROOF OF CLAIM FORM

To submit an Abuse Proof of Claim Form, you must take the following steps:

- Fill out the Abuse Proof of Claim Form.
- For additional copies of the Abuse Proof of Claim Form: (a) photocopy the Abuse Proof of Claim Form; (b) go to the website established by the Committee's counsel at www.pszlaw.com/stocktondiocese.html; (c) contact the Debtor's Claims Agent between the hours of 9:00 a.m. and 5:00 p.m. (prevailing Pacific time), Monday through Friday, at (310) 751-1492, or visit the Claims Agent's website at: www.kccllc.net/stocktondiocese; or (d) go to the web page established by the Debtor at www.stocktondiocese.org.
- **Please note that the Debtor's counsel, the Debtor's staff, the Claims Agent's staff and the Committee's Counsel are not permitted to give legal advice. You should consult your own attorney for assistance regarding any other inquiries, such as questions about completing or submitting an Abuse Proof of Claim Form.**
- **Do not file or mail the Abuse Proof of Claim Form with or to the Court. Instead, all Abuse Proof of Claim Forms should be sent to the Claims Agent at the address set forth below.**
- Return the completed Abuse Proof of Claim Form plus two copies to the Claims Agent at the address set forth below no later than _____, **2014 at 4:00 p.m. (prevailing Pacific Time)**. Abuse Proof of Claim Forms will be deemed timely submitted only when they are **actually received** by the Claims Agent no later than

1 _____, 2014 at 4:00 p.m. (prevailing Pacific Time).

2 • Please note that Abuse Proof of Claim Forms submitted by facsimile, telecopy
3 or electronic mail transmission will not be accepted and will not be deemed
4 filed. If you are returning an Abuse Proof of Claim Form by mail, allow sufficient
5 mailing time so that the Abuse Proof of Claim Form is received on or before
6 _____, 2014 at 4:00 p.m. (prevailing Pacific Time). Abuse Proof of Claim
7 Forms that are postmarked before that date (i.e., the Abuse Claim Bar Date) but
8 which are received by the Claims Agent after the Abuse Claim Bar Date will be
9 considered late.

10 • If an Abuse Claimant returns an Abuse Proof of Claim Form in person, by mail,
11 overnight delivery, or by courier service, the Abuse Proof of Claim Form should
12 be delivered to the following address, between the hours of 9:00 a.m. and 5:00
13 p.m. (prevailing Pacific Time), Monday through Friday:

14 **Roman Catholic Bishop of Stockton Claims Processing**
15 **KCC**
16 **2335 Alaska Avenue**
17 **El Segundo, CA 90245**

18 • If you are returning an Abuse Proof of Claim Form by mail, allow sufficient
19 mailing time so that the Abuse Proof of Claim Form is received on or before
20 _____, 2014 at 4:00p.m. (prevailing Pacific Time). If you wish to receive
21 acknowledgement of the Claim Agent's receipt of your proof of claim, you also
22 must submit to the Claims Agent by the applicable Bar Date and concurrently with
23 submitting your original proof of claim: (i) a third copy of the original proof of
claim; and (ii) a self-addressed, stamped return envelope.

24 **CONSEQUENCES OF FAILURE TO FILE A PROOF OF CLAIM**

25 The deadline for filing an Abuse Proof of Claim Form is _____, 2014 at 4:00 p.m.
26 (prevailing Pacific Time). Any person who has an Abuse Claim and does not file an Abuse
27 Proof of Claim by that date MAY NOT be treated as a creditor for voting or distribution purposes
28 under any plan of reorganization and such claims may be subject to discharge. Failure to file an

1 Abuse Claim may prevent such person from voting on any plan of reorganization in this case.
2 Further, if such Abuse Claim is discharged, the Abuse Claimant will be forever barred and
3 prevented from asserting his or her Abuse Claim against the Debtor or its property, and may not
4 receive any payment or distribution in connection with such Abuse Claim.

5 **CONFIDENTIALITY**

6 Pursuant to the Bar Date Order, Abuse Proofs of Claim will remain confidential in this
7 bankruptcy case, unless you elect otherwise in Part 1 of the Abuse Proof of Claim Form.
8 Therefore, the Abuse Proof of Claim Form that you file will not be available to the general public,
9 but will be kept confidential, except that the Claims Agent will provide copies of Abuse Proof of
10 Claim Forms to the Debtor, the Debtor's counsel, the Committee's counsel, and upon request, to
11 the United States Trustee and to the following parties and to any additional parties the Committee
12 approves but only after each party agrees to keep the information provided in the Abuse Proof of
13 Claim Forms confidential:

- 14 (a) Insurance companies that provided insurance that may cover the claims
15 described in the Abuse Proof of Claim Forms.
- 16 (b) Any future claims representative appointed under a plan of reorganization
17 or by the Court.
- 18 (c) Any judicial mediator, or special arbitrator/claims reviewer appointed to
19 review and resolve the claims of Abuse Claimants.
- 20 (d) Any settlement trustee appointed to administer payments to Abuse
21 Claimants.
- 22 (e) Members of the Committee and their personal counsel (after the Abuse
23 Proof of Claim Form has been redacted to hide the Abuse Claimant's
24 name, address and any other information identified in Part 2(A) of the
25 Abuse Proof of Claim Form).
- 26 (f) Such other persons as the Court determines should have the information in
27 order to evaluate Abuse Claims.

28 Dated: _____

29 FELDERSTEIN FITZGERALD
30 WILLOUGHBY & PASCUZZI LLP

31 By: _____
32 PAUL J. PASCUZZI
33 Attorneys for Debtor and Debtor-In-Possession

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2 **LIST OF ABUSERS**
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EXHIBIT E

**In re THE ROMAN CATHOLIC BISHOP OF STOCKTON
a California corporation sole
Case No. 14-20371-C-11**

**YOU MAY HAVE A CLAIM AGAINST
THE ROMAN CATHOLIC BISHOP OF STOCKTON *aka* THE
DIOCESE OF STOCKTON**

On January 15, 2014, The Roman Catholic Bishop of Stockton (the “Debtor”) filed for protection under chapter 11 of title 11 of the United States Code in the United States Bankruptcy Court for the Eastern District of California.

**THE LAST DAY TO FILE AN ABUSE CLAIM
AGAINST THE DEBTOR IS _____, 2014
AT 4:00 P.M. PREVAILING PACIFIC TIME.**

**IF YOU WERE ABUSED BY ANY MEMBER OF THE CLERGY
OR ANY OTHER PERSON CONNECTED WITH THE ROMAN
CATHOLIC BISHOP OF STOCKTON *aka* THE DIOCESE OF
STOCKTON, YOU MUST FILE A CLAIM BY _____, 2014
AT 4:00 P.M. PREVAILING PACIFIC TIME.**

For more information, including a complete list of all parishes and schools within the geographic territory of the Roman Catholic Bishop of Stockton, or to receive a proof of claim form and associated documents, please (1) visit the Debtor’s designated web page at www.stocktondiocese.org; (2) visit the Debtor’s Claims Agent’s designated web page at: www.kccllc.net/stocktondiocese; (3) call the Debtor’s Claims Agent at (310) 751-1492; or (4) call counsel for the Official Committee of Unsecured Creditors appointed in this case, Robert Orgel at Pachulski Stang Ziehl & Jones LLP at (310) 277-6910.